DOCUMENT RESUME

ED 194 270 RC 012 338

TITLE	The Healthy Migrant Child in Wisconsin. Health Provider's Manual Migrant Student Record Transfer System.
INSTITUTION	Wisconsin State Dept. of Public Instruction, Madison. Div. for Management and Planning Services.
SPONS AGENCY	Bureau of Elementary and Secondary Education (DHEW/OE), Washington, D.C. Div. of Compensatory Education.
PUB DATE	Feb 80
NOTE	43p.
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Elementary Secondary Education; Guides; Health Materials; Immunization Programs; *Information Processing; *Migrant Children; Migrant Education; *Migrant Health Services; Objectives; *Online Systems; Program Descriptions; *Records (Forms); *Student Records
IDENTIFIERS	Elementary Secondary Education Act Title I; *Migrant Student Record Transfer System; Wisconsin

ABSTRACT

Concerned with aspects of the Uniform Migrant Student Medical Transfer Form of the Migrant Student Record Transfer System (MSRTS), this health provider's manual also details the minimal health services which migrant children should receive and recommends the procedure for efficient interchange of information between the Wisconsin State Migrant program and the participating schools throughout the country. This procedure centers around the utilization of data contained on the MSRTS, which shows in part that four categories of health services in Wisconsin's migrant education program tend to show an age-associated increase in the rates of reported health abnormalities among three age groups. It is stated that continuing attention to the four health service categories (vision screening, physical exam, dental screening, and audio-metric screening) can significantly strengthen the educational process for Wisconsin's migrant children. Following a short discussion of the above categories, goals for migrant child health, health services, and health education are enumerated. The Uniform Migrant Student Medical Transfer Form is explained in detail and medical computer data procedures are listed, as are the MSRTS health problem computer codes. Appendices include recommended maintenance/mailing procedures, sample forms, immunization schedule, and migrant child population list. (AN)

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THE HEALTHY MIGRANT CHILD IN WISCONSIN

HEALTH PROVIDER'S MANUAL

MIGRANT STUDENT RECORD TRANSFER SYSTEM

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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RC 012338

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WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
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February 1980

OCT 2 2 1980

Wisconsin - MSRTS Health Provider's Manual

Table of Contents

		Page
	Introduction to Wisconsin's Migrant Education Program	i
	Purpose of the Manual	ii-iii
I.	Health Services for Migrant Children	1
II.	Health Goals for Migrant Children	1-2
III.	Health Education for Migrant Children	2
IV.	Explanation of the Uniform Migrant Student Medical Transfer Form	3-9
	A. Student Identification Section (SI)	3-4
	B. Current School Data Section (SH)	4
	C. School Health Data Section (HM)	4-7
	D. Legal Parent Section (LP)	7
	E. Current Parent Section (CP)	7
	F. Current Residence Section (CR)	8
	G. Health Problem List Section (HP)	8-9
V.	Utilization of the Medical Transfer Form	9-11
VI.	Entering Information on the Medical Transfer Form	11-13
VII.	Medical Computer Data Procedures	14
VIII.	MSRTS Health Problem List of Codes	14-19
	Appendix A: Recommended Maintenance and Mailing Procedures for MSRTS Educational and Medical Transfer Forms	20-24
	Appendix B: Blank Sample, Educational Transfer Form	25
	Appendix C: Blank Sample, Medical Transfer Form	26
	Appendix D: Names of Wisconsin Title I, ESEA Migrant Education Personnel	27
	Appendix E: Recommended Immunization Schedule, Wisconsin Dept. of Health and Social Services	28
	Appendices F, G, H : Migrant Child Population List, and Maps of Migrant Schools	29-31

Introduction

The Wisconsin, Title I, ESEA Migrant Education program, under P.L. 89-10 as amended, provides services for children of agricultural workers up to and including six years after they have ceased to migrate. The Migrant Education program was created to meet the special educational needs caused by the migrant lifestyle. It has been determined that six years of supplementary services are often needed to counterbalance the interruptions which a lifestyle of constant mobility imposes on a migrant child's education.

Authorized by P.L. 93-380, the Migrant Student Record Transfer System (MSRTS) in Little Rock, Arkansas receives, stores, and transmits educational and health records on migrant children throughout the United States, including Puerto Rico. Computer printed records, upon request, are mailed to schools where these children are enrolled. While the Educational, Medical, and other forms are available, this Health Provider's Manual is concerned with the MEDICAL Transfer Form.

In at least one instance, the Medical Transfer Form has saved lives. In 1973, the MSRTS was used to find more than 200 children who were potentially victims or carriers of typhoid fever. The network was called into play after more than 130 persons became ill with typhoid, apparently as the result of drinking contaminated water at a migrant labor camp in Homestead, Florida. By the time the outbreak was discovered, hundreds of people who had been exposed to the disease had left the area for work elsewhere. Thanks to the many persons operating the computer network, 232 children--and through them their families--were located within 48 hours. The data bank, upon receiving enrollment information from various schools, had traced the children to other parts of Florida and to Texas, Georgia, and Alabama.

While the Wisconsin Migrant Education program regularly has provided services for children during the summer months, efforts are also being given to assist the regular schools with the education and health care of those migrant children who remain in our state for part or the entirety of the school year. Wisconsin's Migrant Program serves approximately 3,500 children each calendar year. The establishment of a cooperative effort is required for the continuity of services between summer programs and regular school-term programs.

With total cooperation between the two educational programs in sight, we foresee the following results emerging:

1. Continuity of health care through a common means of communication
2. Avoidance of costly duplication of services
3. Consistency in recording health data
4. Reduction in the number of health problems overlooked
5. Aid in meeting the State goals for health care to migrant children

Purpose

The purpose of this manual is to detail the minimal health services which migrant children should receive. These minimal services can not be delivered without strong cooperation between the ESEA Title I-Migrant education program and the regular school systems.

Therefore, this manual will also outline a recommended procedure for the efficient interchange of information between the Wisconsin State Migrant program and the participating schools throughout the country. This outline will, by necessity, center around the utilization of data contained on the Migrant Student Record Transfer System (MSRTS).

Learning can take place only when we begin with a healthy child and an alert mind; thus, health must be considered one of our most valuable assests. It is our wish to strengthen the educational process through improvement of the health status of our migrant children and youth.

From reports on migrant child health data produced by the MSRTS staff in Little Rock, Arkansas, four categories of health services in Wisconsin's migrant education program tend to show an age-associated increase in the rates of reported health abnormalities among three age groups. Continuing attention to the four health service categories described below can significantly strengthen the educational process for Wisconsin's migrant children.

In the category of physical exams, there is, on the average, a 90% increase of abnormalities in the age group 12-21 over the reported abnormalities for migrant children under 6 years of age. In dental abnormalities, migrant children 12-21 encounter 66% higher rates of abnormalities than those children under 6. In vision screening of 12-21 year olds, abnormalities are 275% higher than abnormalities among children under 6. In the health service category of audiometric screening, 12-21 year olds experience an 83% higher rate of abnormalities compared to migrant children under 6.

Looking at migrant child health data from 1976, 1977, 1978 and 1979, the pattern remains that the migrant children in Wisconsin who are between 12 and 21 encounter 120% higher rates of overall abnormalities than rates for children under 6 years of age. In 1976, with 1,305 screening in all four health service categories discussed, the abnormality rate among ages 12-21 was 131% over those children less than 6; in 1977 with 1,150 screenings, the rate was 88% higher; in 1978, with 1,150 screenings, the rate was 51% higher, and in 1979, with 4,787 screenings reported, the rate was 131% higher.

The following table shows categories of health services by year, and by age group in Wisconsin.

WISCONSIN - MSRTS

MIGRANT CHILD HEALTH ABNORMALITIES

Health Services, by Years		AGES					
		Less than 6		6-12		12-21	
		(N.R. Screened, % abnormal)					
Physical Exam	1979	634	17%	915	16%	113	40%
	1978	103	13	218	21	18	22
	1977	103	7	206	9	11	0
	1976	94	8	192	13	11	0
Dental Screening	1979	273	22	634	31	140	35
	1978	17	35	104	34	13	46
	1977	56	19	154	32	10	40
	1976	74	31	206	43	26	57
Vision Screening	1979	225	9	964	11	115	23
	1978	66	6	239	12	31	6
	1977	41	7	209	8	24	8
	1976	70	10	261	11	21	28
Audio-Metric Screening	1979	119	4	584	7	71	9
	1978	67	4	243	7	31	6
	1977	46	4	210	6	21	9
	1976	76	1	253	5	21	9

I. Health Services for Migrant Children

Health services should be designed to promote health and/or alleviate existing health (medical, dental, developmental) problems by providing for:

1. Identification of existing health problems
2. Medical examinations/treatment
3. Visual, auditory, dental examinations and follow-up treatment
4. Emergency medical care
5. Necessary immunizations
6. Nutritious diet
7. A healthy environment
8. Health education/instruction
9. Preventive services by utilizing all available resources
10. Health counseling

II. Health Goals for Migrant Children

The health service component goal should be to provide the fullest educational opportunity for each migrant student by minimizing absence due to health problems through the following activities:

1. Acquisition of child's medical history (parents, records, MSRTS Medical Transfer Forms).
2. Screening for health problems (height, weight, dental, vision, hearing, speech, skin, scalp, congenital)
3. Utilizing and identifying available medical and dental resources
4. Cooperating with parents, teachers, and health service personnel to enhance delivery of health services
5. Arranging necessary transportation
6. Scheduling necessary immunizations
7. Scheduling physical/dental examinations including laboratory tests

8. Arranging for treatment and follow-up

9. Coding, reporting, up-dating, and recording on the MSRTS

10. Coordinating with local and state agencies for necessary services

III. Health Education for Migrant Children

Health education should emphasize preventive care and good health habits in the migrant child by promoting the development of:

1. Good mental and physical health and health habits

2. Understanding of individual problems of physical and mental growth

3. Understanding that good health results from individual practices

4. Responsibility toward community health

5. Appreciation of the value of a healthful life

6. Interests in health and safety aspects of daily living

7. Skills in understanding, interpreting, and evaluating health information

8. Understanding that one's health status is related to health behavior

IV. Explanation of the Uniform Migrant Student Medical Transfer Form

Each general area (section) on the transfer form is identified by a two-letter code.

A. Student Identification (SI) Section
(refer to blank example at right; a full copy is at App. C)

Moving left to right:

01 - last name

02 - first name

03 - middle initial

04 - sex

05 - birthday

06 - (letter V) how birthdate was verified:

B = birth certificate

D = document

O = other

N = none

age - years (or months if less than one year)

07 - city of birth

08 - county/country of birth

09 - state of birth

10 - home base city (site of permanent residence)

11 - state of home base city

12 - student number

12A - MNE - mnemonic three consonant group that helps computer identify student

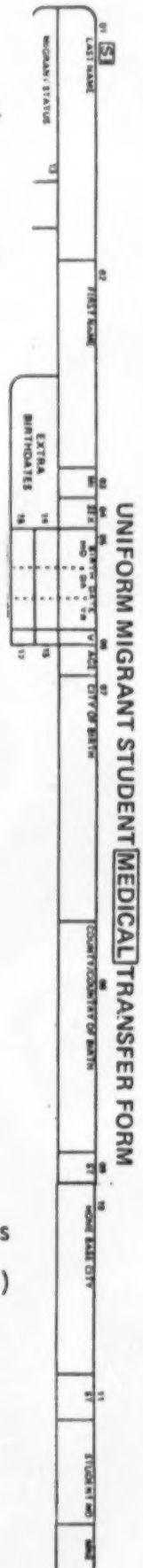
12B - school code (four letters above student number)

13 - migrant status

1 = interstate migrant

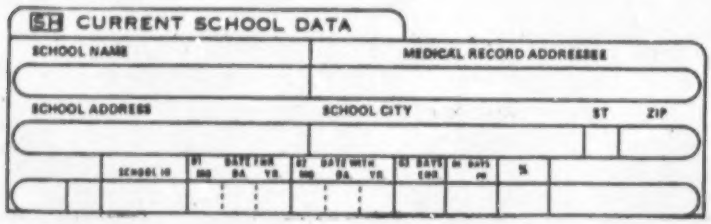
2 = intrastate

3 = five year provisional



14 thru 16 - extra birthdates with verification codes

B. Current School Data (SH) Section



The SH section shows the name of the school the child is presently attending, and the dates of enrollment and withdrawal if they have been reported. Attendance figures may also be printed if the child has withdrawn.

C. School Health Data (HM) Section (See example, next page)

This section is designed to provide a longitudinal picture of the various injections and tests the child has received. It is used to record health data pertinent to the migrant student and appears on both the Uniform Migrant Student Educational Transfer Form and the Uniform Migrant Student Medical Transfer Form. It serves to inform school and health personnel of the health services that the migrant child has received and the outcomes. As you observe the School Health Data Section (see page 5), you will notice that the names of the services are listed on the left side and numbers representing ages are shown at the top. Entries are made on the appropriate line and under the age at the time of administration. The ages can be represented by either months or years as indicated to the left of the 01 column. The columns running along the top represent the age of the child while the side shows what health service (AA - AY) has been performed. Medical data should be entered in this section only by an individual who has the medical expertise to do so. This is generally done by a professional nurse. MAKE ENTRIES IN RED INK.

The School Health Data (HM) section can alert teachers and other educators to any health conditions which could affect the child's educational activities (vision, hearing, dental, etc.)

1. Codes to be entered in cells:

   NA = no abnormality (if NA appears in the cell defined by AD and 04, it means the child had his blood pressure checked at age four and no abnormality was detected.)

   AB = abnormality (something abnormal was detected; the cell defined by AO and 04 means an abnormality was detected during a hearing screening at age four.)

HM SCHOOL HEALTH DATA

MINIMUM HEALTH SERVICES MATRIX

	CATEGORY OF HEALTH SERVICE	01	02	03	04	05	06	07	08	09	10	11	12				
AA	INITIAL HISTORY																
AB	PHYSICAL EXAM																
AC	HT. & WT (ANNUALLY) H.C. (BIRTH ONLY)																
AD	BLOOD PRESS.				NA												
AE	HB/HCT																
AF	URINALYSIS	(ONLY WHEN INDICATED MEDICALLY)															
AG	TBC										(ANNUALLY IF NEGATIVE)						
AH	IMMUNIZATION DPT (DT AFTER 5)																
AI	TRIV. POLIO (ORAL)																
AJ	MEASLES				DS												
AK	RUBELLA																
AL	MUMPS																
AM	DENTAL																
AN	VISION																
AO	AUDIOMETRIC SCREENING				AR												
AP	SPEECH																
AQ	COLOR BLINDNESS				NR												
AR	BLOOD LEAD																
AS	PESTICIDE BLOOD LEVEL																
NOTE: THE FOLLOWING ARE NOT RECOMMENDED AS ROUTINE BY THE AAP STANDARDS OF CHILD HEALTH CARE, OR THE IMMUNIZATION SCHEDULE OF USPHS.																	
AT	FLUORIDE SCREENING																
AU	TYPHOID PARATYPHOID																
AV	SMALLPOX																
AW	POLIO (INOCULATION)						F1										
AX	INFLUENZA																
AY	SCA (0401)				SE												

PROVIDE COMPENSATORY HEARING

DS = Disease (the child had a sickness like measles, but is now cured; the cell defined by AJ and 04 means the child had measles at age four.

NR = no results (the cell defined by AQ and 04 means no results were obtained.)

SE = screening performed (the cell defined by AY and 04 shows that a sickle cell test was performed and negative results were obtained.)

NA = no abnormality

DS = disease

NR = no results

AB = abnormality

SE = screening performed

2. Immunization Codes (alpha, numeric)

Inoculation By Month/Series

MONTH	CODE	SERIES NUMBER
January	A	1 = First of series
February	B	
March	C	2 = Second of series
April	D	
May	E	3 = Third of series
June	F	
July	G	4 = Fourth of series
August	H	
September	I	5 = Fifth of series
October	J	
November	K	6 = Sixth of series
December	L	
		7 = Seventh of series
		8 = Only one shot needed
		9 = Booster

Using this system, "F1" placed in the cell defined by AW and 06 would indicate that the child received his first polio inoculation in June and he was six years old at the time.

When making an entry on a Medical Transfer Form, use the alpha character first and numeric second.

Example:

Health Service	AGE when given	Month given	Series
AW Polio (inoculation)	six	June	First of a series

Your entry: F1 (see page 5)

3. Educational Health Linkages (E-H linkages)

Other health information appearing on the lower left Medical Transfer Form is called Education-Health Linkages. This information will appear as a brief statement which describes action that may be taken by the teachers to compensate for known health problems and is contained also on the student's Uniform Migrant Student Educational Transfer Form which does not contain the name of the health problem.

E-H Medical Condition of child may require or result in:

Activity
101 limit frequency, duration and intensity of physical activity

Provide Compensatory
201 visual environments
202 hearing environments
203 motor environments
204 speech environments
205 nutrition environments
206 Consult health provider concerning other compensatory action.

D. Legal Parent (LP) Section

This Legal Parent Section lists the father's last name and first name, then below is recorded the mother's last and first name.

E. Current Parent (CP) Section

In the event that the child is not being cared for by his legal parents, then the name(s) of the guardian(s) will be listed in the Current Parent Section.

LP LEGAL PARENT DATA		CP CURRENT	
01 LAST NAME	02 FIRST NAME	01 LAST NAME	02 FIRST NAME
AA		AA	
AB		AB	

CR CURRENT RESIDENCE	01. STREET ADDRESS	02. CITY	03. ST.	04. ZIP

F. Current Residence (CR) Section

The Current Residence Section should give the most recent address of the child.

G. Health Problem (HP) List Section

The Health Problem Section will show a summary of all reported health problems of the child. This record is not intended to provide comprehensive medical information for classroom use. Names and Code numbers of health problems are contained in your Health Problem Code Table (pp. 16-19). A detailed description of the content of the Health Problem (HP) Section is given in the following pages.

All health problems reported by participating schools will be listed in this section of the form.

Description of the Health Problem List Section

Columns, moving left to right: (refer to example of Health Problem Section at page 10).

01 - The problem number (01) will be assigned by the computer.

02 - The date the problem was first detected will be registered in 02.

03 - corresponds to the identifying code reported to the computer. (Each medical problem and/or disease has a designated code number which will be entered under the 03 section. A complete list of MSRTS Health Problem Codes is included in this manual. See section VIII).

04 - This column is designed to elaborate on the status of the problem. To show this, an "X" will be printed under either active, dormant, or resolved.

05 - indicates whether the problem is chronic or acute

06 - Whether or not the condition is urgent will be clarified by an "X" printed either under Y for yes, or N for no.

07 - The four possibilities for treatment administered:

curative

maintenance

no Rx (no medication)

referred

08 - Recommendations:

In the box labeled "follow-up interval", there will be letters and numbers which recommend the time interval which medical personnel advise should elapse before the child returns to them for further treatment of his problems (10 = 10 months, W3 = 3 weeks, D6 = 6 days, etc.). The date to the right shows when the next treatment should come. This date is computer generated.

09 - Contact Data

Contact data consists of any extra information relating to specific health problems. It may elaborate on the problem or give names and addresses of those people who can supply additional information. All contact data will appear in the blank space below the health problem section. Contact data provides you an opportunity to check with previous medical authorities who have valuable information. Contact data could consist of the name, address or telephone number of a medical person, agency or institution having information concerning particular health conditions. (See example) This may be information that could not be placed on the Medical Transfer Form with a code such as description of "X-ray", laboratory results, or confidential data.

10 - Cell ID:

This information is submitted by a health provider and printed by the computer. This two letter/two number ID refers to the School Health Data (HM) section. The two letters indicate in which category of health service (AA-AY) the problem was detected; the two numbers indicate the child's age at time of encounter. In the example, AA08 would indicate that the anemia problem was found in the Initial History (AA) at the age of eight.

V. Utilization of the Migrant Student Medical Transfer Form

Data on the medical form will indicate either acute or chronic illnesses or those problems requiring periodic evaluation. These indicators inform the user of medical services needed, and limitations on physical activities as well. When properly utilized, the Medical Transfer Form serves as a basic needs assessment in planning health care and establishing priorities by:

1. Avoiding duplication of health care efforts
2. Determining immunization needs
3. Identifying existing medical problems
4. Communicating individual health data
5. Contacting/Receiving health data

Example of the Health Problem Section - (HP)

HP HEALTH PROBLEM LIST

PROBLEM DATA											TREATMENT DATA			REF. DATA	
	01 PROBLEM NUMBER	02 DATE OF ENCOUNTER MO. DAY YR.	NAME	03 CODE	04 ACTIVE DORMANT RESOLVED	05 CHRONIC ACUTE	06 * URGENT * CONDITION	*S BY SNOMED CLASS PROB. DEC. REC	07 TYPE ADMIN. CURATIVE MAINT. NO RX REFER	08 RECOMMENDATIONS FOL. UP INT.	FOL. UP DATE MO DAY YR	09 CONTACT DATA Y N	10 CELL ID.
AA	01	050273	ANEMIA	0404	X	X	X		X	D7	05 09 73	X	AA08

CONTACT DATA:

AA01 PLEASE CONTACT DR. CLEO JOHNSON, P.O. BOX 147, LEWISVILLE, ARKANSAS 32410, PHONE 501 375-5233

When a child is enrolled in a Wisconsin migrant education program, the school nurse or designated person automatically receive a MSRTS Medical Form for that child. It is most important that the nurse review this record immediately and take note of the pertinent health information.

The MSRTS will be of most value if reviewed in the following sequence:

1. Section SI - verifying that this is the correct record for the child enrolled.

2. Section HP - noting existing medical problems and contact data (columns 04 thru 09).

3. Section HM - reviewing health information and needed health care.

4. Educational-Health (EH) Linkages.

VI. Entering Information on the MSRTS

In order for information to be accepted by the computer, information must be entered in a certain manner. Below is a typical health history of a nine year old migrant child.

Name: Carmen Rios

1. Normal initial history

2. Normal visual screening

3. Abnormal hearing on 3/29/79

4. Abnormal physical exam - Diagnosis: bilateral otitis media found on 3/29/79 and innocent heart murmur

5. Bilateral myringotomy encountered on 4/2/79 by Dr. Jeff Smith, 1504 Durante St., Philadelphia, Pa., Phone No. - (215) 489-7481

6. Normal urinalysis

7. Immunizations include:

   a) DPT infancy series (4th of series) completed in January at age two years, booster given in January at age four years.

   b) Third infancy dose of Trivalent Polio (oral) given in September at age one year (18th month), booster given in March at age five years.

   c) Tuberculosis skin test, negative results at ages 4 and 8 years.

d) Had measles disease at age 3 years.

The following MSRTS form indicates how the above health information would be coded onto the MSRTS Medical form.

Little Rock's "Production No." "today"
8,081

BEST COPY AVAILABLE

Little Rock's Print Date
Your School's (name) Short ID
CLAY LAMBERTON
BWDX 06/26/80

UNIFORM MIGRANT STUDENT MEDICAL TRANSFER FORM

01 LAST NAME	02 FIRST NAME	MI	04 SEX	05 BIRTH DATE MO DA YR	06 V	06 AGE	07 CITY OF BIRTH	08 COUNTY/COUNTRY OF BIRTH	09 ST	10 HOME BASE CITY	ST	STUDENT NO.	UNIT
RIOS	CARMEN		F	03 02 70	B	9	SAN JUAN	PUERTO RICO		DAYTONA BEACH	FL	1234567	GY

MIGRANT STATUS 13 | 14 | 15 | 16 | 17

SH CURRENT SCHOOL DATA

SCHOOL NAME	MEDICAL RECIPIENT
CLAY LAMBERTON EL.	PGM COOR.

SCHOOL ADDRESS	SCHOOL CITY	ZIP
259 E. MARQUETTE	BERLIN	923

SCHOOL ID	01 DATE ENR MO DA YR	02 DATE WITH MO DA YR	03 DAYS ENR	04 DAYS ABS	%
BWDX	06 23 80				

LP LEGAL PARENT DATA CP CURRENT

	LEGAL 01 LAST NAME	LEGAL 02 FIRST NAME	CURRENT 01 LAST NAME	CURRENT 02 FIRST NAME
AA	RIOS	JUAN	RIOS	JUAN
AB	RIOS	JUAN	RIOS	JUAN

CR CURRENT RESIDENCE

01. STREET ADDRESS	02. CITY	03 ST.	04 ZIP
RT 1 BOX 80	BERLIN	WI	54923

HM SCHOOL HEALTH DATA

MINIMUM HEALTH SERVICES MATRIX

	CATEGORY OF HEALTH SERVICE	01	02	03	04	05	06	07	08	09	10	11	12
AA	INITIAL HISTORY									NA			
AB	PHYSICAL EXAM									AB			
AC	HT. & WT (ANNUALLY) H.C. (BIRTH ONLY)												
AD	BLOOD PRESS.												
AE	HB/HCT												
AF	URINALYSIS (ONLY WHEN INDICATED MEDICALLY)									NA			
AG	TBC				NA				NA		(ANNUALLY IF NEGATIVE)		
AH	IMMUNIZATION DPT (DT AFTER 5)		A4		A9								
AI	TRIV. POLIO (ORAL)	I3				C9							
AJ	MEASLES			DS									
AK	RUBELLA												
AL	MUMPS												
AM	DENTAL												
AN	VISION									NA			
AO	AUDIOMETRIC SCREENING									AB			
AP	SPEECH												
AQ	COLOR BLINDNESS												
AR	BLOOD LEAD												
AS	PESTICIDE BLOOD LEVEL												

NOTE: THE FOLLOWING ARE NOT RECOMMENDED AS ROUTINE BY THE AAP STANDARDS OF CHILD HEALTH CARE, OR THE IMMUNIZATION SCHEDULE OF USPHS.

AT	FLUORIDE SCREENING												
AU	TYPHOID PARATYPHOID												
AV	SMALLPOX												
AW	POLIO (INOCULATION)												
AX	INFLUENZA												
AY	SCA (0401)												

HP HEALTH PROBLEM LIST

PROBLEM DATA: 01 PROBLEM NUMBER	02 DATE OF ENCOUNTER MO. DAY YR.	NAME	03 CODE	04 ACTIVE	04 DORMANT	04 RESOLVED	05 CHRONIC	05 ACUTE	06 + URGENT + CONDITION	TREATMENT DATA: 07 TYPE ADMIN CURATIVE	07 TYPE ADMIN PALLIATIVE	07 TYPE ADMIN HOLD RX	07 TYPE ADMIN REFER	08 RECOMMENDATIONS FOL UP INT	08 FOL UP DATE MO DAY YR	REF. DATA: 09 + CONTACT DATA	09 - CONTACT DATA	10 CELL NO.
1	03 29 79	OTITIS MEDIA	0507	X			X	X					X				X	
2	04 02 79	MYRINGOTOMY BILATERAL	1905	X			X	X		X				2W			X	
3	03 29 79	OTHER PROBS OF CIRCUL SYS	0605	X		X	X	X		X							X	

2. DR. JEFF SMITH, 1504 DURANTE STREET, PHILADELPHIA, PA 215-489-7481
3. INNOCENT HEART MURMUR NOTED. NOR RESTRICTIONS.

-13-

VII. Medical Computer-Data Procedures

A. Medical Transfer Forms are to be maintained according to regulations on privacy and confidentiality.

B. Age entry in the School Health Data (HM) Section can not be greater than the child's birthday.

Example:

> The nurse can not put information under matrix 10, on February 24, 1980, before the child's actual tenth birthday, which may not be until March 2, 1980. (Holds true regardless whether this is child's tenth physical exam or tenth time this category has had information recorded.)

C. If contact data under the (HP) section is to be retained, the "active" or "dormant" column should be marked. Contact data can be erased by marking the "resolved" column. (If you mark "resolved", no Contact Data can be printed by computer.)

D. Initial or later corrections must be made with a red pen. Deletions are made by drawing a red line through the existing data.

E. Abnormalities for weight, vision, blood pressure, etc. (in HM section) should be further described in the Health Problem List (HP) section, including any necessary "contact data".

F. Do not put in specific date for follow-up; use appropriate code and computer will type date in automatically. (00-99 for Days; W1-W9 for Weeks; D1-D9 for Days.)

G. Each migrant child must have a medical MSRTS record on file.

H. The computer, in the (HM) Section, will automatically print, the word months to the left of the age line if a student is under the age of one year.

I. The most recent MSRTS records are retained for five (5) years, per project.

VIII. MSRTS Health Problem List of Codes

The Health Problem List of Codes included with this manual is utilized in the (HP) section, column 03. These codes designate disease conditions and/or medical problems.

For example, if a child has diabetes, the code number 0301 must be printed in red ink (by the health provider) in column 03. The computer will then automatically print out the health problem in the "name" column of section (HP) as "diabetes mellitus", and also print out the code number.

In the preceding sample (HP) section, the child had an "innocent" heart murmur. There is no specific code for "innocent" heart murmur; however, there is a more general code, number 0605 - Other Problems of the Circulatory System/Other Heart. This health code can be utilized for recording the heart murmur as long as there is accompanying contact data (which appears at the bottom of the (HM) section). This contact data explains the specific medical problem.

The Health Problem List of Codes are alphabetically ordered in the following pages. When new codes are generated to supplement the enclosed codes table, the Title I-Migrant Education Office will mail these code supplements to schools participating in the State's Migrant program.

HEALTH PROBLEM LIST OF CODES
MSRTS-DPI 01/12/80

CODE	HEALTH PROBLEM	EH LINKAGES
1400	ACCIDENTS, TRAUMA AND INJURIES	
1401	FRACTS. OF SKULL, SPINE AND TRUNK	206
1402	FRACTS. OF EXTREMITIES	206
1403	DISLOC, SPRAIN, STRAIN	206
1404	LACERATION, OPEN WOUND	206
1405	BURNS	206
1406	POISONING-TOXIC EFFECT	206
1500	ALLERGIC CONDITIONS TO EXTRANEOUS AGENTS	
1501	DETERGENTS	206
1502	OILS AND GREASE	206
1503	SOLVENTS	206
1504	DRUGS	206
1505	CHEMICALS	206
1506	FOODS	205 206
1507	PLANTS	206
1508	ANIMALS	206
1509	ULTRA-VIOLET RADIATION (EXPECT SUNBURN)	206
1510	UNSPECIFIED CAUSE	206
1511	ASA ASPIRIN	206
1512	PENICILLIN	206
1513	INSECTS	206
1514	WASP OR BEE STINGS	206
1800	COMMUNICATIVE DISORDERS	204
1801	DISORD ARTICULATION	204
1802	DISORDERS OF VOICE	204
1803	DISORD LANG. SYMBOLIZAT	204
1804	DISORD RHYTHM (STUTTER)	204
1200	CONGENITAL ANOMALIES	
1201	CARDIO-VASCULAR (HEART DEFECT)	101 206
1202	CONGENITAL HIP (POSSIBL MOTOR IMPAIRMENT)	203
1203	CLEFT LIP-PALATE (POSS. SPEECH IMPAIRMENT)	204
1204	OTH CONGENIT. ANAMOLIES	206
1205	HERNIA	101 206
1206	UMBILICAL HERNIA	101 206
1207	NYSTAGMUS	201
1208	STRABISMUS	201
1209	HEART MURMUR	201
1210	FLAT FOOTED	
1700	DENTAL HEALTH	205 206
1701	EXTRACTION	
1702	FILLINGS	
1703	PARTIAL	
1704	DENTURES	
1705	BRACES	
1706	PROPHYLAXIS	
1707	PERMANENT BRIDGE	
1708	ROOT CANAL	
1709	CAPPING	
1710	REFERRAL	
1711	CAVITIES	

HEALTH PROBLEM LIST OF CODES
MSRTS-DPI 01/12/80

CODE	HEALTH PROBLEM	EH LINKAGES
1712	FAILED DENTAL SCREENING	
1713	FLOURIDE SCREENING	
1714	FLOURIDE TREATMENT	
1715	FLOURIDE RINSE	
1100	DISEASES OF MUSCULO-SKELETAL SYSTEM	
1101	ARTHRITIS/RHEUMATISM	101 203
1102	OTHER DISEASES OF THE MUSCULO-SKELETAL SYSTEM	101 203
1103	SCOLIOSIS SCREENING	
1104	LEG PERTHES	
1105	SCOLIOSIS SCREENING-NEGATIVE	
1106	LORDOSIS SCREENING	
1107	PODIATRIC SCREENING	
1108	OSGOOD SCHLATTERS DISEASE	
0400	DISEASES OF THE BLOOD FORMING ORGANS	
0401	SICKLE CELL ANEMIA	101 203 206
0402	HEMOPHILIA	101 203 206
0403	LEUKEMIA	101 203 206
0404	ANEMIA	101 203 206
0405	GLYCEMA	101 203 206
0600	DISEASES OF THE CIRCULATORY SYSTEM	
0601	CARDIOVASCULAR DISEASES	101
0602	CEREBRAL VASC. ACCIDENT	206
0603	HYPERTENSION	206
0604	RHEUMATIC FEVER/RHEUMA-TIC HEART DISEASE	101 206
0605	OTHER PROBS OF CIRCULA-TORY SYSTEM/OTHER HEART	206
0800	DISEASES OF THE DIGESTIVE SYSTEM	
0801	DISEASES OF THE LIVER	206
0802	GASTROENTERITIS/COLITIS	
0803	OTHER PROB OF DIGESTIVE SYSTEM	206
0804	ESOPHAGUS MALFUNCTION	
0900	DISEASES OF THE GENITO-URINARY SYSTEM	
0901	DISEASES OF THE KIDNEY/BLADDER	206
0902	DISEASES OF GENITAL ORG	206
0903	OTHER GENITO-URINARY	206
0500	DISEASES OF THE NERVOUS SYSTEM	
0501	PARAPLEGIC/QUADRAPLEGIC	101 203 204 206
0502	BLIND/PARTIALLY BLIND	201 203
0503	CATARACT (EXPECT CONGENITAL)	201 203
0504	DEAF/PARTICALLY DEAF	202
0505	GLAUCOMA	201
0506	MTR NEURON DISORDER (INC POST-POLIO)MTR IMPRMNT	101 203
0507	OTITIS MEDIA	202
0508	OTHER EAR PROBLEMS	202
0509	OTHER EYE PROBLEMS	201
0510	SPEECH DISTURBANCES	204
0511	OTHER DISEASES OF NERV. SYSTEM/SENSE ORGANS	206
0512	ORGANIC VISUAL PROBLEM	
0513	BINOCULAR VISUAL	
0514	REFRACTIVE	
0515	HYPEROPIA	201

HEALTH PROBLEM LIST OF CODES
MSRTS-DPI 01/12/80

CODE	HEALTH PROBLEM	EH LINKAGES
0516	MYOPIA	201
0517	ASTIGMATISM	201
0518	NEEDS HEARING AID	202
0519	NEEDS GLASSES	201
0520	WEARS GLASSES	201 206
0521	WEARS HEARING AID	202
0522	REFERRAL	206
0523	AMBLYOPIA	
0524	ANISOMETROPIA	
0525	FAILED VISION SCREENING TEST	201
0526	FAILED HEARING SCREENING TEST	202
0527	WEARS CONTACT LENS	
0528	BITING NAILS	
0529	NERVOUS STOMACH	
0530	CEREBRAL PALSY	
0700	DISEASES OF THE RESPIRATORY SYSTEM	
0701	ASTHMA	101 206
0702	INFLUENZA AND PNEUMONIA	206
0703	UPPER RESP. INFECITON, COLD, SORE THROAT, ETC.	206
0704	OTHER RESPIR. DISEASES	206
0705	CHEST PAINS	
1000	DISEASES OF THE SKIN-SUBCUTANEOUS TISSUE	
1001	IMPETIGO	206
1002	SCABIES	206
1003	RINGWORM	206
1004	DERMATITIS	206
1005	ECZEMA	206
1006	OTHER PROBLEMS OF SKIN/SUBCUTANEOUS TISSUE	206
1007	INGROWN TOE NAIL	
0300	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	
0301	DIABETES MELLITUS	101 205 206
0302	MALNUTRITION/DEHYDRATN	101 205 206
0303	OBESITY	205
0304	OTHER ENDOCRINE NUTRIT/METABOLIC PROBLEMS	205 206
0305	HYPOGLYCEMIA	
2200	EXAMINATION - VISION, DENTAL, HEALTH & OTHER	
2201	AUDIO EXAMS	
2202	MCT-VISION SCREENING	
2000	HEALTH PROBLEM SAMPLE	
2001	HEALTH PROBLEM SAMPLE	
0100	INFECTIVE AND PARASITIC DISEASES	
0101	DIPTHERIA	
0102	COCCIDIOIDOMYCOSIS	206
0103	DIARRHEA	206
0104	SALMONELLA OR SHIGELLA	206
0105	HEPATITIS	206
0106	MEASLES	
0107	MUMPS	
0108	PEDICULOSIS	206
0109	PERTUSSIS	

HEALTH PROBLEM LIST OF CODES
MSRTS-DPI 01/12/80

CODE	HEALTH PROBLEM	EH LINKAGES
0110	RUBELLA (GERMAN MEASLES)	
0111	VENEREAL DISEASE	206
0112	TRACHOMA	201 206
0113	TUBERCULOSIS, PULMONARY-ACTIVE	101 205 206
0114	TUBERCULOSIS, PULMONARY-INACTIVE	206
0115	TUBERCULOSIS, REACTOR / CONVERTER	206
0116	TUBERCULOSIS, EXTRA- PULMONARY	206
0117	TUBERCULOSIS, OTHER	206
0118	STREPTOCOCCAL INFECTNS	206
0119	OTHER INFECTIVE, PARASIT.	206
0120	ATHLETE'S FOOT	
0121	CHICKEN POX	
0122	CAPITIS	
0123	MENINGITIS	
0124	MALARIA	
0200	NEOPLASMS	
0201	MALIGNANT	206
0202	BENIGN	206
9900	SENITIVE DATA	
1600	SUPPLEMENTARY CLASSIFICATION	
1601	HEALTH SUPERVISION	206
1602	PHYSICAL EVALUATION	206
1603	IMMUNIZATIONS	206
1604	AMPUTATION	101 203 206
1605	X-RAY	206
1606	EEG ELECTROENCEPHALOGRAM	
1607	TETANUS SHOT	
1608	MEDICATION PRESCRIBED	
1609	HEALTH REFERRAL	
1900	SURGERY	
1901	TONSILLECTOMY	206
1902	ADENOIDECTOMY	206
1903	T AND A	206
1904	MYRINGOTOMY	206
1905	MYRINGOTOMY BILATERAL	206
1906	APPENDECTOMY	206
1907	TYNPANOPLASTY	206
1908	CYSTOSCOPY	206
1300	SYMPTOMS, ILLNESSES--DEFINED CONDITIONS	
1301	CONVULSIVE DISORDERS	206
1302	HEADACHE	206
1303	INFESTATIONS, MITES	206
1304	INFESTATIONS, TICKS	206
1305	OTHER ILL-DEFINED COND.	206
1306	EPILEPSY	101 206
1307	ENLARGED TONSILS	206
1308	NOSE BLEED	
2100	WOMAN INFANT CHILDREN WIC	

TOTAL HEALTH PROBLEMS = 198.

1/16/80
WDPI

MIGRANT EDUCATION

RECOMMENDED MAINTENANCE AND MAILING PROCEDURES FOR
THE MSRTS EDUCATIONAL AND MEDICAL TRANSFER FORMS

Starting the MSRTS Process

The migrant recruiter from your project or school attendance area begins the MSRTS process by completing the Department of Public Instruction (DPI) Identification/Recruitment Form, and mailing these to the Migrant Education office in Madison. All MSRTS correspondence is mailed from schools to DPI, and only DPI should mail or transmit records or forms to the National Migrant Education computer data base in Little Rock, Arkansas.

When DPI receives the Identification/Recruitment Forms, this information is transmitted to Little Rock. Within 24 hours of the DPI transmission, a "set" of Transfer Forms will be mailed to the school or operating agency where the child is enrolled. A complete set of Transfer Forms consists of the following:

A Transfer Form Set

Versions	No. of "copies" (Not the no. of sheets)
Uniform Migrant Student Educational Transfer Form:	Three
Uniform Migrant Student Medical Transfer Form:	Two

Normally, the three Education versions come together with the two Medical versions in the same white and blue envelope to a designated person at the school. Occasionally, the Medical versions come in a separate envelope a day or two later. This is a Little Rock procedure, so please wait an additional day before determining that your school has not received a child's Medical form. Also, quite often there may be two marked pages of a "copy". This will then be seen with the words "Page 1 of 2 pages" and "Page 2 of 2 pages", which, for the Educational version, means that six sheets will make up the Educational version for a child. If there are also Medical forms with "Page 1 of 2 pages" and "Page 2 of 2 pages", then the Medical version will consist of four sheets. Thus, in this example there would be a total of ten sheets for a particular child's set of transfer forms.

What is done by the School when it's staff receives a migrant child's Set of Transfer Forms? During the MSRTS process, the enrolling school will receive an Initial Enrollment Set, and a Final Withdrawal Set of Transfer Forms. These are not marked as such, but this a convenient way to distinguish them and to describe them. The following parts state the recommended steps that various staff members should take in order to establish and maintain continuity of educational and medical records for migratory children in Wisconsin.

I. Upon Receiving Initial Enrollment Transfer Forms

A. Program Coordinator (Addressee)

1. Have the MSRTS clerk or designated staff person mail one Educational Copy to DPI immediately for each child. (DPI maintains an "Active MSRTS Enrollment" file based on these submissions.)

2. Distribute remaining Educational versions (two copies) to Educational Staff for utilization.

3. Distribute all Medical versions (two copies) to Medical/Health Staff for utilization.

B. Teacher and Health Staff

1. Following inservice workshop instructions and the MSRTS School User's Manual, make red-ink updates on your particular versions' copies for each child. The DPI Migrant Staff can be reached at (608) 266-0925 for any technical assistance.

II. Upon Child's Withdrawal or Upon End-of-Project

A. Teacher and Health Staff

1. Make all of your red-ink updates, e.g., date withdrawn, days enrolled, school health data, special programs, test data, and health problems, on both copies of the Educational version and of the Medical version.

2. The teacher keeps one of these "withdrawal-update" copies in the project (summer, or regular school-term) file for that child, and gives the other remaining copy to the person maintaining the withdrawn child's Medical Transfer form.

3. The Health Staff person then does similar updates (e.g., date withdrawn, health problems) on the two copies of the child's Medical version, keeps the first of these two copies on project file, and forwards the second copy along with the teacher's updated copy on to the Program Coordinator. The MSRTS process will be improved if the above coordinated actions are followed by all program personnel.

B. Program Coordinator

1. Determine that a red-ink updated copy of each version is enclosed.

2. Immediately mail these updated copies for each child to DPI's Migrant Education Office on a daily basis, or as often as your staff forwards these to you.

3. After DPI receives and processes all of the MSRTS Transfer Form updates, Little Rock will mail to the program coordinator at each migrant project a Final Withdrawal Set of Transfer Forms.

III. Upon Receiving Final Withdrawal Transfer Forms

A. Program Coordinator

1. For each child you enrolled and withdrew you should receive a Set of Transfer Forms which contains all the updated information which your staff submitted to you. This is the Final Withdrawal Set for the particular project in which the child was served.

2. Ensure that all red-ink update entries from the teacher's file and health provider's file are also computer printed on each child's Transfer Forms. Make red-ink corrections if necessary on all versions before proceeding.

3. If all withdrawal update information is computer printed, or after you have made any necessary red-ink corrections to the computer-printed versions, destroy the teacher's file copy for the designated project* and replace it with two (2) copies of the Final Educational Transfer Form. Set the last (3rd) copy of the Final Educational form aside for mailing to DPI (see step 5).

4. If health-withdrawal information is accurate or now corrected, destroy the health provider's file copy for the designated project and replace it with one (1) copy of the Final Medical Transfer Form. Set the last (2nd) copy of the Medical Form aside for mailing to DPI (see step 5).

* The designated project can normally be confirmed by reading the data at the top right area "School name and short ID", and by reading the enrollment period in the (SH) School History Data Section of the Education Transfer Form. The School name in SH tells you where the child has most recently been enrolled via MSRTS. If the child has left your project, it is very likely that a school name and enrollment date other than your project will be printed here in the SH section.

5. Place together (preferably stapled) the one set-aside copy of the final Educational, and the one set-aside copy of the final Medical Transfer Form, and mail these to DPI on a daily basis, or as often as you receive them.

6. The final MSRTS copies which you have placed on file for a particular migrant project file are to maintained for five (5) years.

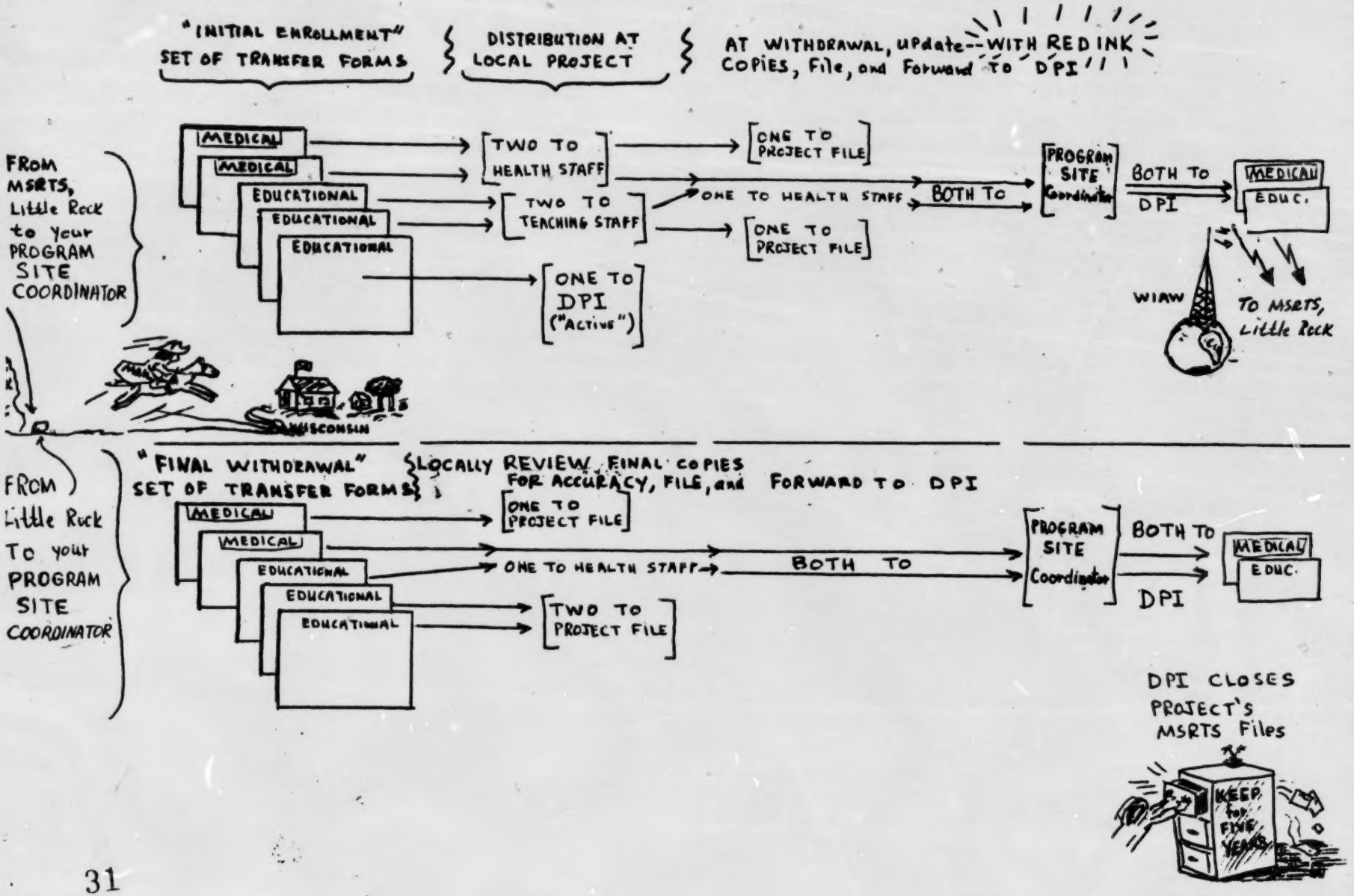
General Summary of Procedures

After you enroll a child in the MSRTS, you recieve 3 copies of the Educational, and 2 copies of the Medical Transfer Form, i.e., a complete "Initial Enrollment" Set of Transfer Forms. One Educational copy is sent immediately to DPI. When the child withdraws from your project, one updated Educational copy and one updated Medical Transfer form are sent to DPI. Upon Little Rock's transaction of your submitted updates, you receive a complete "Final Withdrawal" Set of Transfer Forms. After these have been checked for completeness, and you have filed your school copies (2 Educational and 1 Medical), one final Educational copy and one final Medical Transfer Form copy are mailed together from you to DPI in order to complete the MSRTS process for each child enrolled in your project.

1-16-80
WDPI

Wisconsin - MSRTS Transfer Form Routing

BEST COPY AVAILABLE



-24-

BEST COPY AVAILABLE

UNIFORM MIGRANT STUDENT EDUCATIONAL TRANSFER FORM

ST NAME	FIRST NAME	MI	SEX	BIRTHDATE MO	BIRTHDATE DA	BIRTHDATE YR	V	AGE	CITY OF BIRTH	COUNTY/COUNTRY OF BIRTH	ST	HOME BASE CITY	ST	STUDENT NO.	MNE

MIGRANT STATUS | EXTRA BIRTHDATE | | |

SCHOOL HISTORY DATA

SCHOOL NAME	ST	DATE ENR MO	DATE ENR DA	DATE ENR YR	DATE WITH MO	DATE WITH DA	DATE WITH YR	DAYS ENR	DAYS PR	%
SCHOOL ADDRESS										
SCHOOL CITY										
T ZIP SCHOOL ID										
DICAL RECORD ADDRESSEE										

LEGAL PARENT DATA / CURRENT

	LEGAL 01 LAST NAME	LEGAL 02 FIRST NAME	CURRENT 01 LAST NAME	CURRENT 02 FIRST NAME
AA				
AB				

CURRENT RESIDENCE: 01. STREET ADDRESS | 02. CITY | 03 ST | 04 ZIP

SPECIAL PROGRAMS — MOST RECENT MIGRANT PROJECT SCHOOL

		01 CODE	02 HRS	03 WKS	CUMUL

SPECIAL INTERESTS

	NAME	01 CODE	02 ACT

SCHOOL HEALTH DATA

MINIMUM HEALTH SERVICES MATRIX

CATEGORY OF HEALTH SERVICE	01	02	03	04	05	06	07	08	09	10	11	12
INITIAL HISTORY												
PHYSICAL EXAM												
HT. & WT (ANNUALLY) H.C (BIRTH ONLY)												
BLOOD PRESS.												
HB/HCT												
URINALYSIS	(ONLY WHEN INDICATED MEDICALLY)											
TBC										(ANNUALLY IF NEGATIVE)		
IMMUNIZATION DPT (DT AFTER 5)												
TRIV. POLIO (ORAL)												
MEASLES												
RUBELLA												
MUMPS												
DENTAL												
VISION												
AUDIOMETRIC SCREENING												
SPEECH												
COLOR BLINDNESS												
BLOOD LEAD												
PESTICIDE BLOOD LEVEL												
NOTE: THE FOLLOWING ARE NOT RECOMMENDED AS ROUTINE BY THE AAP STANDARDS OF CHILD HEALTH CARE OR THE IMMUNIZATION SCHEDULE OF USPHS.												
FLUORIDE SCREENING												
TYPHOID PARATYPHOID												
SMALLPOX												
POLIO (INOCULATION)												
INFLUENZA												
SCA (0401)												

TEST DATA

NAME	CODE	FORM	LV.	SCORE	S/S	DATE TEST MO	DATE TEST DA	DATE TEST YR	HOLD

Appendix B

Educational Transfer Form Sample

EDUCATION - HEALTH LINKAGE

UNIFORM MIGRANT STUDENT MEDICAL TRANSFER FORM

BEST COPY AVAILABLE

[S] LAST NAME | 02 FIRST NAME | 03 MI | 04 SEX | 05 BIRTH DATE MO DA YR | V | 06 AGE | 07 CITY OF BIRTH | 08 COUNTY/COUNTRY OF BIRTH | 09 ST | 10 HOME BASE CITY | ST | STUDENT NO | MNI

MIGRANT STATUS 13 | EXTRA BIRTHDATES 14 15 16 17

H CURRENT SCHOOL DATA

SCHOOL NAME | MEDICAL RECORD ADDRESSEE

SCHOOL ADDRESS | SCHOOL CITY | ST | ZIP

	SCHOOL ID	01 MO DATE FOR DA YR	02 MO DATE WITH DA YR	03 DAYS ENR	04 DAYS PR	%

HM SCHOOL HEALTH DATA

MINIMUM HEALTH SERVICES MATRIX

CATEGORY OF HEALTH SERVICE	01	02	03	04	05	06	07	08	09	10	11	12
INITIAL HISTORY												
PHYSICAL EXAM												
HT. & WT (ANNUALLY) H.C (BIRTH ONLY)												
BLOOD PRESS.												
HB/HCT												
URINALYSIS	(ONLY WHEN INDICATED MEDICALLY)											
TBC										(ANNUALLY IF NEGATIVE)		
IMMUNIZATION DPT (DT AFTER 5)												
TRIV. POLIO (ORAL)												
MEASLES												
RUBELLA												
MUMPS												
DENTAL												
VISION												
AUDIOMETRIC SCREENING												
SPEECH												
COLOR BLINDNESS												
BLOOD LEAD												
PESTICIDE BLOOD LEVEL												
NOTE: THE FOLLOWING ARE NOT RECOMMENDED AS ROUTINE BY THE AAP STANDARDS OF CHILD HEALTH CARE, OR THE IMMUNIZATION SCHEDULE OF USPHS												
FLUORIDE SCREENING												
TYPHOID PARATYPHOID												
SMALLPOX												
POLIO (INOCULATION)												
INFLUENZA												
SCA (0401)												

LP LEGAL PARENT DATA CP CURRENT

	LP 01 LAST NAME	LP 02 FIRST NAME	CP 01 LAST NAME	CP 02 FIRST NAME
AA				
AB				

CR CURRENT RESIDENCE | 01. STREET ADDRESS | 02. CITY | 03. ST. | 04. ZIP

HP HEALTH PROBLEM LIST

PROBLEM DATA																TREATMENT DATA				REF. DAT.	
	01 PROBLEM NUMBER	02 DATE OF ENCOUNTER MO. DAY YR.	NAME	03 CODE	04 ACTIVE	DORMANT	RESOLVED	05 CHRONIC	ACUTE	06 * URGENT	# CONDITION	NO OF SIM HLM PROB OCC ON REC	07 TYPE ADMIN CURATIVE	PALLIATIVE	SUPPORT	NO RX	REFER	08 RECOMMENDATIONS FOL UP INT	FOL UP DATE MO DAY YR	09 * CONTACT DATA	10 CELL ID

Appendix D

Names of Wisconsin Title I, ESEA Migrant Education Personnel

Department of Public Instruction

Names	Telephone #
Frank N. Brown, Administrator, Title I, ESEA Section	608-266-2699
Marcia Jacobson, Secretary	608-266-2699
Daniel Costilla, Supervisor, Title I-Migrant Education	608-266-9616
Kathy O'Connor, Secretary	608-266-0925
David J. De Soto, Administrative Assistant, Title I Migrant	608-267-7338
Jeanne Meyer, MSRTS Terminal Operator, Records Maintenance	608-266-0925

Cooperative Educational Service Agency (CESA) #3, Gillett

Bruce Bradley, Title I/Migrant Director	414-855-2114

CESA #13, Waupun

Lynn Davis, Fiscal Manager	414-324-4461
Marge Phillips, Migrant Secretary	414-324-4461

CESA #18, Burlington

Dale Jensen, Administrator, CESA #18	414-763-2457
Leslie Roanhouse, Title I Migrant Director	608-266-3424

Madison Schools Area

Dorothy McLimans, Program Coordinator	608-266-6012

Stevens Point Area

John Holdridge, Director, Federal Projects	715-346-2312

Source: Wisc. Dept. of Health and Social Services, Bureau of Community Health

Jan. 18, 1979

IMMUNIZATION SCHEDULE* BASED ON USPHS RECOMMENDATIONS

IMMUNIZATIONS STARTED IN INFANCY

Age	Immunizing Agents
2 months	DTP, TOPV
3 months	DTP
4 months	DTP, TOPV
15 months	Measles, Rubella, Mumps**
18 months	DTP, TOPV
at school entrance (4 through 6 years)	DTP, TOPV
at 10-year intervals thereafter	Td

IMMUNIZATIONS STARTED AGES 1 THROUGH 6 YEARS

Timing	Immunizing Agents
first visit**	DTP, TOPV
1 month after first visit, if 15 months or older	Measles, Rubella, Mumps**
2 months after second visit	DTP, TOPV
4 months after third visit	DTP
8 to 12 months after fourth visit, if 6 years or younger	DTP, TOPV
(if 7 years or older)	(Td, TOPV)
at 10-year intervals thereafter	Td

IMMUNIZATIONS STARTED AGES 7 THROUGH HIGH SCHOOL

Timing	Immunizing Agents
first visit**	Td, TOPV (Polio is not routinely given to adults in the continental U.S.)
1 month after first visit	Measles, Mumps, Rubella** (Measles, rubella and mumps vaccines are not given to pregnant females.)
4-8 weeks after second visit	Td, TOPV
8-12 months after third visit	Td, TOPV
at 10-year intervals thereafter	Td

IMMUNIZATIONS STARTED AFTER HIGH SCHOOL

Timing	Immunizing Agents
first visit	Td
4-8 weeks after first visit	Td
6-12 months after second visit	Td
at 10-year intervals thereafter	Td

Measles and rubella vaccines should be given to susceptible individuals in epidemiologically significant groups such as those in colleges, training schools and military bases. Mumps may be given to adults who have never had mumps. Influenza vaccine is recommended annually for "high risk" individuals.

*Interruption of the recommended schedule with a delay between doses, does not interfere with the final immunity achieved, nor does it necessitate starting the series over again, regardless of the length of time elapsed.

**If measles, rubella or mumps is occurring in the community, or if future access to the patient is questionable, MMR should be given on the first visit provided the individual is at least 15 months old. Single antigen measles vaccine may be given as early as 6 months of age if an outbreak is occurring in the community; reimmunize at 15 months. Measles, rubella and mumps vaccines are not given to pregnant females.

2-4-80

APPENDIX F

WISCONSIN'S MIGRANT CHILD POPULATION

BY COUNTY AND AGE, 1979[1]

COUNTY	AGES					
	Less than 4	4	5-17	18-21	Over age 21	TOTAL
COLUMBIA	26	7	114	5	1	153
DANE	17	5	33	2	0	57
DODGE	24	9	176	12	2	223
DOUGLAS	4	3	50	4	0	85
FOND DU LAC	1	1	4	0	0	6
GREEN LAKE	39	11	191	13	1	255
JEFFERSON	51	20	171	6	0	248
KENOSHA	69	35	309	1	0	414
MARINETTE	0	0	26	0	0	26
MARQUETTE	68	12	166	12	0	258
MILWAUKEE	13	8	38	0	0	59
OCONTO	42	6	88	1	0	137
PORTAGE	0	1	28	1	0	30
RACINE	62	48	615	6	0	731
SHEBOYGAN	16	3	49	0	0	68
WALWORTH	3	1	78	5	1	88
WASHINGTON	71	19	27	0	0	117
WAUPACA	37	11	50	0	0	98
WAUSHARA	120	16	395	46	3	580
WINNEBAGO	0	0	27	0	0	27
STATEWIDE TOTAL [2]	659	206	2,454	112	8	3,439

1 Source: MSRTS FTE/ENROLLMENT SUMMARY REPORT, CALENDAR YEAR 1979
2 ADJUSTED: Numbers are the total of individually-identified migrant children served at least once in 1979.

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Appendix G

MAP OF WISCONSIN MIGRANT PROGRAMS

SUMMER 1980

SCHOOL-DISTRICT PROJECT LOCATIONS

LEA Cooperatives

CESA #3

Clintonville, Shiocton	(1)
Oconto	(2)
Sturgeon Bay, Sevastopol	(3)
Cedar Grove-Belgium	(4)

CESA #13

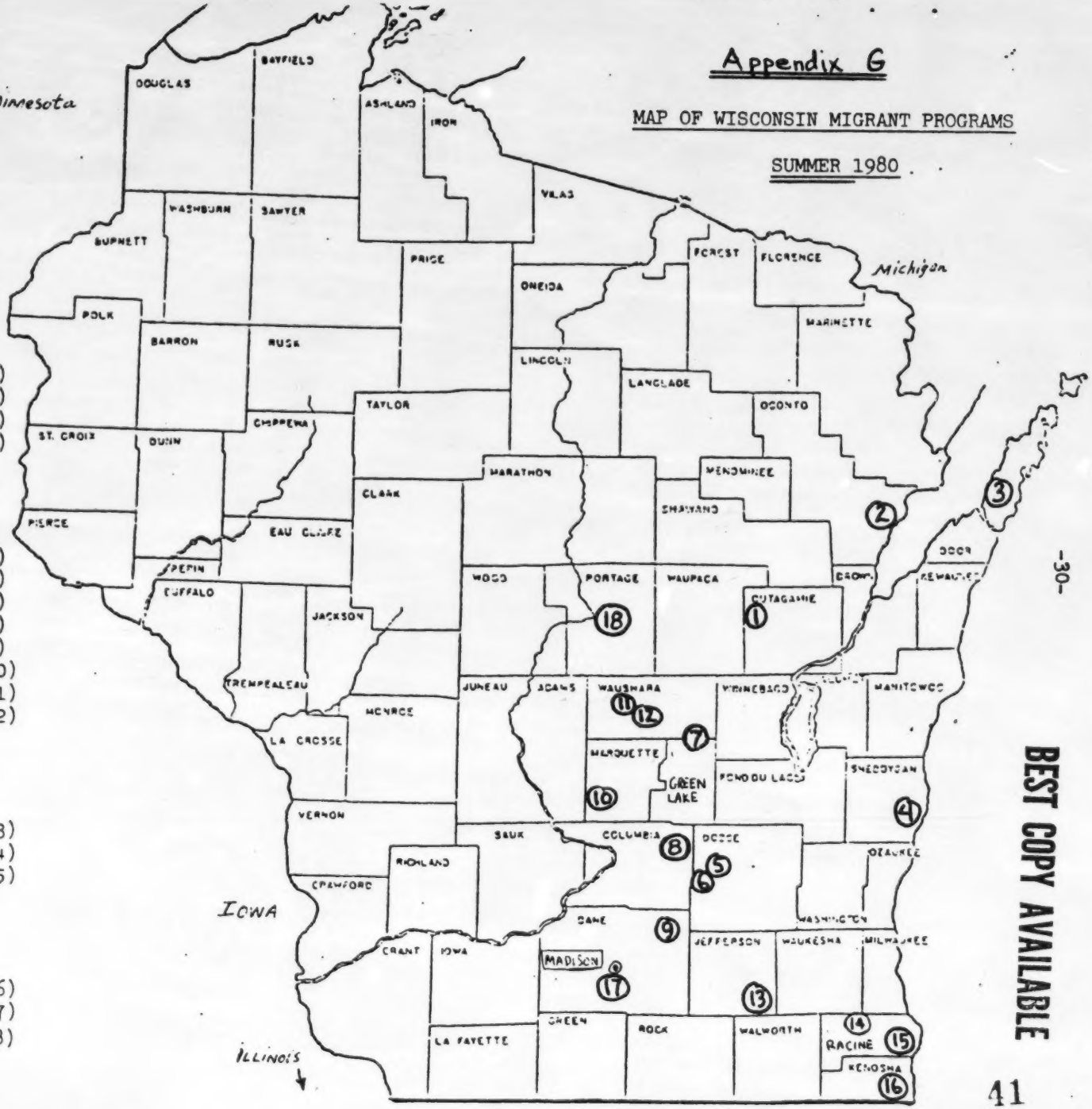
Beaver Dam, Cambria	(5)
South Beaver Dam	(6)
Berlin	(7)
Cambria-Friesland	(8)
Marshall	(9)
Montello	(10)
Tri-County, Wautoma (El.)	(11)
Tri-County, Wautoma (Sec.)	(12)

CESA #18

Palmyra	(13)
Raymond (North Cape)	(14)
Racine	(15)

LEA DISTRICTS

Kenosha Unified	(16)
Madison Metro	(17)
Stevens Point	(18)



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Appendix H

MAP OF WISCONSIN MIGRANT PROGRAMS

REGULAR SCHOOL TERM 1980-1981

SCHOOL-DISTRICT PROJECT LOCATIONS

LEA Cooperatives

CESA #3

Coleman	(1)
Lena	(2)
Gillett	(3)

CESA #13

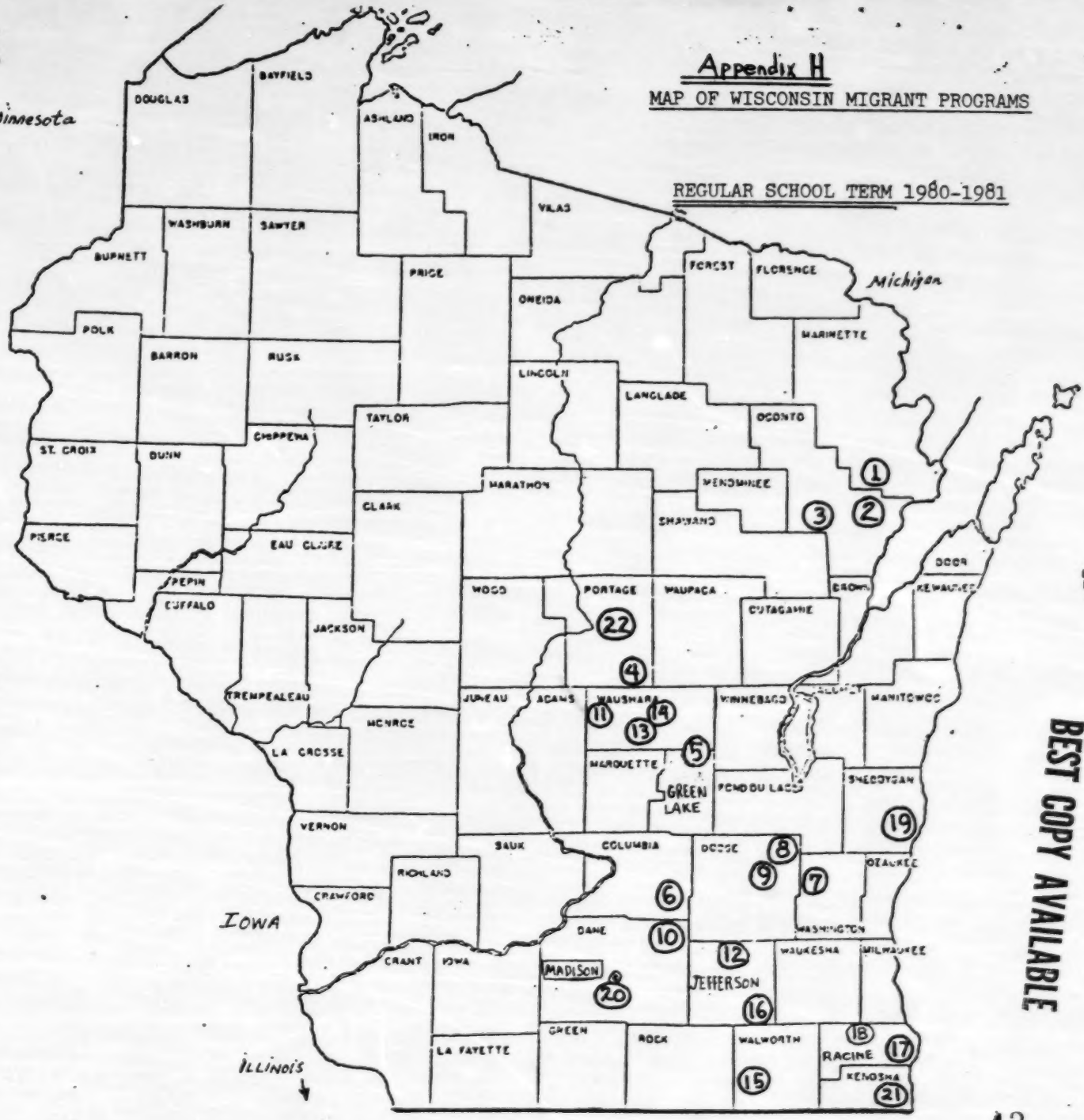
Almond	(4)
Berlin	(5)
Cambria-Friesland	(6)
Hartford	(7)
Lomira	(8)
Mayville	(9)
Marshall	(10)
Tri-County	(11)
Watertown	(12)
Wautoma	(13)
Wild Rose	(14)

CESA #18

Delevan	(15)
Palmyra	(16)
Racine	(17)
Raymond (North Cape)	(18)

LEA DISTRICTS

Cedar Grove-Beligum	(19)
Madison Metro	(20)
Kenosha Unified	(21)
Stevens Point	(22)



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